

EXHIBIT 97

1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OHIO
3 EASTERN DIVISION

4 IN RE: NATIONAL)
5 PRESCRIPTION) MDL No. 2804
6 OPIATE LITIGATION)
7 _____) Case No.
8) 1:17-MD-2804
9)
10 THIS DOCUMENT RELATES) Hon. Dan A.
11 TO ALL CASES) Polster
12)

13 MONDAY, APRIL 1, 2019

14 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER
15 CONFIDENTIALITY REVIEW

16 - - -

17 Videotaped deposition of Kathe A.
18 Sackler, M.D., held at the offices of DEBEVOISE
19 & PLIMPTON LLP, 919 Third Avenue, New York,
20 New York, commencing at 11:02 a.m., on the
21 above date, before Carrie A. Campbell,
22 Registered Diplomat Reporter, Certified
23 and Realtime Reporter.

24 - - -

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1 target. Here it's called forecast.
 2 You know, if I studied it for a
 3 little while, maybe I could try to
 4 figure out what it was I was trying to
 5 figure out or what it was I was
 6 analyzing, but -- what it was I was
 7 computing --
 8 QUESTIONS BY MR. HANLY:
 9 Q. Well, my question really --
 10 A. -- or calculating. But
 11 what's --
 12 Q. -- is --
 13 A. What's the difference? I was
 14 learning about the sales, and these are the
 15 notes.
 16 Q. And you set forth very detailed
 17 notes concerning the sales, right?
 18 MS. MONAGHAN: Objection.
 19 THE WITNESS: I do everything
 20 in detail, great detail. Okay? So...
 21 QUESTIONS BY MR. HANLY:
 22 Q. By the way, did --
 23 A. Detail, yes.
 24 Q. -- Purdue distribute
 25 calculators as part of its marketing plan?

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1 MS. MONAGHAN: Objection.
 2 MR. CHEFFO: Objection.
 3 Is that a serious question?
 4 THE WITNESS: I guess I didn't
 5 get one.
 6 QUESTIONS BY MR. HANLY:
 7 Q. Well, that's my question.
 8 A. I know.
 9 Q. But actually, then, I don't
 10 have an answer to the actual question.
 11 Did Purdue, as part of its
 12 marketing activities, distribute to
 13 physicians calculators?
 14 A. I don't know. I don't recall.
 15 Q. Purdue distributed to
 16 physicians as part of its marketing other
 17 kinds of products, right?
 18 MS. MONAGHAN: Objection.
 19 QUESTIONS BY MR. HANLY:
 20 Q. Other kinds of items. Not
 21 drugs, but things like pens and plush toys.
 22 Is that true, if you know?
 23 I'm finished with that
 24 document, by the way, Doctor.
 25 A. I think -- I wonder if there

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1 was someone in the room with me when I was
 2 doing these calculations or if I was on the
 3 phone with someone and jotting all this down
 4 and discussing something.
 5 Q. Doctor, thank you for that, but
 6 I've moved beyond that --
 7 A. All right. I'll let it go.
 8 Q. -- and so I asked you a
 9 different question.
 10 A. That's fine.
 11 Q. Did Purdue --
 12 A. Yes.
 13 Q. -- as part of its marketing --
 14 A. Yeah.
 15 Q. -- distribute other kinds of
 16 items, things like pens and plush toys, in
 17 connection with the marketing of --
 18 A. I don't remember seeing a lot
 19 of toys or pens or -- they may have. I
 20 don't...
 21 Q. OxyContin was marketed as a
 22 12-hour -- Q12 medication, right?
 23 A. Yeah.
 24 Q. But in fact --
 25 A. Well, with the -- I mean, yeah,

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1 the label for OxyContin is the -- the dosing
 2 instructions on the label instructs that it
 3 be given twice a day, yes.
 4 But there's also provision in
 5 the language, I believe, you know, to -- I
 6 forgot what -- to -- because there was
 7 variability in patients is the way I was
 8 told, explained to me, the way I understood
 9 this. There's a certain amount of
 10 variability in patients, it's true with most
 11 medicines, that -- that there -- some --
 12 that -- I think it's in the label, but I
 13 can't pull up the language right now.
 14 I think the -- there's --
 15 sorry, I can't recall this part of the
 16 labeling. I'm trying to remember.
 17 Q. Well, I'm asking you about the
 18 marketing.
 19 A. It speaks about titration. It
 20 speaks about -- okay.
 21 Q. All right.
 22 A. Go to marketing.
 23 Q. The drug was marketed as a
 24 12-hour analgesic; isn't that true?
 25 MS. MONAGHAN: Objection.

<p style="text-align: right;">Page 226</p> <p>1 THE WITNESS: It was 2 marketed -- it was dosed BID. 3 That's -- I think that's how it's -- 4 QUESTIONS BY MR. HANLY: 5 Q. Or Q12? 6 A. Or Q12, yeah. 7 Q. Right. 8 A. Sure. Yeah. 9 Q. Okay. But in fact, many 10 patients needed immediate-release opioids 11 during the course of that 12-hour period 12 because the analgesia -- the Q12 drug had 13 worn off; isn't that true? 14 MS. MONAGHAN: Objection. 15 THE WITNESS: There's a certain 16 variability in patients, from patient 17 to patient, that's not uncommon with 18 analgesics across the board. It's not 19 only OxyContin. Other -- and it's -- 20 you know, it's true of other -- other 21 medications as well. 22 So it's not... 23 QUESTIONS BY MR. HANLY: 24 Q. So the answer to my question is 25 with respect to certain patients, the drug</p>	<p style="text-align: right;">Page 228</p> <p>1 record. 2 (Off the record at 4:22 p.m.) 3 VIDEOGRAPHER: We are back on 4 the record. The time is 4:33 p.m. 5 QUESTIONS BY MR. HANLY: 6 Q. Dr. Sackler, does Purdue bear 7 any responsibility for the opioid crisis 8 facing us in America today? 9 MR. CHEFFO: Objection. 10 MS. MONAGHAN: Objection. 11 THE WITNESS: I don't believe 12 Purdue has a legal responsibility, but 13 I think that Purdue, as well as all 14 other stakeholders in health care and 15 in medicine and in pharmaceuticals and 16 law enforcement and the FDA, the DEA, 17 everyone has a responsibility, 18 clearly. 19 And Purdue has a 20 responsibility, clearly, to do 21 everything it can to find and 22 participate and contribute to whatever 23 we can hopefully build as solutions so 24 that no one has to suffer this kind of 25 tragedy again. Or at least we can...</p>
<p style="text-align: right;">Page 227</p> <p>1 didn't work -- 2 A. Yes, with respect to certain 3 patients -- it's not that the drug didn't 4 work; it's that individuals metabolize drugs 5 with variability. It's not the same in every 6 human body. So you can't have 100 percent 7 the same duration of efficacy in every 8 person. 9 So in some patients, physicians 10 would use immediate-release opioids to -- but 11 it was -- I think it's described in the 12 label, but I don't know why I can't remember 13 that part of the label right now. I think 14 I'm getting a little tired. 15 MS. MONAGHAN: All right. I 16 think, if possible, now would probably 17 be a good time for a break, which I 18 think will be the last one, probably. 19 MR. HANLY: That's fine. 20 MS. MONAGHAN: Okay. 21 THE WITNESS: Okay. 22 VIDEOGRAPHER: Okay. Remove 23 your microphones, please. Doctor, 24 your microphone. 25 The time is 4:22 p.m. Off the</p>	<p style="text-align: right;">Page 229</p> <p>1 QUESTIONS BY MR. HANLY: 2 Q. My question, however, is 3 whether Purdue's conduct was a cause of the 4 opioid epidemic in America today. 5 MR. CHEFFO: Objection. 6 MS. MONAGHAN: Objection. 7 MR. CHEFFO: Form and 8 foundation. 9 THE WITNESS: I think it's a 10 very complex set of factors and 11 confluence of different circumstances 12 and societal issues and problems and 13 medical issues and regulatory gaps in 14 different states across the country, 15 without any national system that would 16 correct those gaps. And, I mean, it's 17 very, very, very complex, and I think 18 that all of that has brought this 19 about. 20 I don't see that one 21 pharmaceutical company or one product 22 has a causative relationship to the 23 opioid epidemic that we're suffering 24 now. 25</p>

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1 QUESTIONS BY MR. HANLY:
 2 Q. There was no opioid --
 3 A. Everyone has to be responsible.
 4 Q. There was no opioid epidemic of
 5 the current proportions prior to the
 6 invention of OxyContin; isn't that true?
 7 MS. MONAGHAN: Objection.
 8 MR. CHEFFO: Objection.
 9 THE WITNESS: No, I don't -- I
 10 don't think that's correct. I think I
 11 remember in my lifetime there was a
 12 heroin epidemic not that long ago.
 13 QUESTIONS BY MR. HANLY:
 14 Q. And do you know the numbers of
 15 victims of heroin at whatever period of time
 16 that was?
 17 A. Well, it seemed horrific then,
 18 too, you know. So I'm not sure that the
 19 numbers are the same, but I -- I don't think
 20 we should satisfy -- be satisfied with that
 21 either. I mean, I think -- and, you know,
 22 the numbers -- are we talking about numbers
 23 of addiction, or are we talking about numbers
 24 of overdose and death?
 25 Because I am shocked by the

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1 overdose and death situation that has just
 2 exploded in the last five, seven years,
 3 something like that. It's been extraordinary
 4 from -- and I'm just seeing it from -- you
 5 know, I'm not involved in it professionally,
 6 but I see it, I read about it, I hear about
 7 it. I have friends, relatives. I mean, I
 8 know people, individual people, who have
 9 suffered and who have died. And it touches
 10 everyone's life. It's terrible.
 11 But that's different. That's a
 12 different epidemic, I think, than what we
 13 had -- you know, than -- than the
 14 prescription opioid epidemic or crisis or
 15 whatever, which has more to do, I think, with
 16 failure -- with too much product being out
 17 there beyond the needs of the patients it's
 18 prescribed for, and also the -- the lack of
 19 access to treatment. People can't access
 20 treatment once they -- you know.
 21 So it's very complex. It's
 22 hard to answer that question simply or at
 23 all.
 24 Q. Do you recognize that hundreds
 25 of thousands of Americans have become

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1 addicted to OxyContin?
 2 MS. MONAGHAN: Objection.
 3 MR. CHEFFO: Objection.
 4 QUESTIONS BY MR. HANLY:
 5 Q. Do you recognize that or not?
 6 Simple question, yes or no?
 7 A. I don't know --
 8 MR. CHEFFO: Objection.
 9 THE WITNESS: I don't know the
 10 answer to that.
 11 MR. CHEFFO: Excuse me. I'd
 12 like the special master's ruling.
 13 You know, we can't ask
 14 open-ended questions and then instruct
 15 a witness only to say yes or no. It's
 16 just not fair.
 17 SPECIAL MASTER COHEN: I think
 18 it was a yes or no question.
 19 MR. HANLY: It was a yes or no
 20 question.
 21 MR. CHEFFO: Note my objection
 22 to the form and the foundation.
 23 QUESTIONS BY MR. HANLY:
 24 Q. As the owners of Purdue, the
 25 Sackler family could have directed changes in

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1 the way that OxyContin was marketed; isn't
 2 that correct?
 3 MS. MONAGHAN: Objection.
 4 THE WITNESS: Actually, there
 5 have been many changes over the years
 6 and huge resources spent to bring
 7 about those changes.
 8 QUESTIONS BY MR. HANLY:
 9 Q. I asked you about marketing
 10 materials or giveaways.
 11 Have you ever seen one of these
 12 OxyContin pens with a pull-down?
 13 A. No.
 14 Q. All right. I'd like you to
 15 take a look at it. And we can make
 16 photocopies of it or whatever, but I --
 17 MS. MONAGHAN: You want to just
 18 mark it as an exhibit? You can stick
 19 a sticker on it.
 20 MS. CONROY: I'll put it on the
 21 screen.
 22 MR. HANLY: These are of
 23 limited distribution.
 24 MS. MONAGHAN: Well, then how
 25 are we going to have a clear record of

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1 what pen was shown to her?
 2 MR. HANLY: It's going to go on
 3 the video.
 4 MS. MONAGHAN: Okay.
 5 QUESTIONS BY MR. HANLY:
 6 Q. Now, I want to make sure you've
 7 got the right side.
 8 MR. CHEFFO: Is this something
 9 that was produced to you?
 10 MR. HANLY: No.
 11 MR. CHEFFO: Then have you
 12 produced it in response to the
 13 discovery requests?
 14 MR. HANLY: This is something
 15 that I acquired within the last two
 16 weeks of my own accord, not from you.
 17 It's work product.
 18 MR. CHEFFO: Well, it's
 19 responsive to -- well, if it's work
 20 product, then you're waiving it by
 21 showing it today?
 22 MR. HANLY: The acquisition is
 23 work product.
 24 MR. CHEFFO: Okay. But I
 25 didn't ask that. If it's ongoing

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1 discovery, and you have things that
 2 are responsive to discovery and you
 3 show them to a witness, they should be
 4 produced in advance of the deposition.
 5 MR. HANLY: Well, let me
 6 continue with the examination, and you
 7 can make any application that's
 8 appropriate.
 9 MR. CHEFFO: I am going to
 10 object to the question of showing --
 11 you know, the whole point of discovery
 12 here is -- when we've produced 50
 13 million pages is to not have exactly
 14 this type of surprise.
 15 And I don't recall all the
 16 discovery requests, but my guess is it
 17 probably covers this pen. But just
 18 note my objection.
 19 MS. MONAGHAN: I'm also just
 20 going to record my ongoing objection
 21 to not marking the pen itself as an
 22 exhibit. I don't think that putting
 23 it on the video is sufficient to
 24 ensure that we know exactly what pen.
 25 I don't know if there were more

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1 than one version of this. I don't
 2 know how similar they look. I think
 3 we should mark the actual aide as an
 4 exhibit.
 5 MR. CHEFFO: It's not even
 6 authenticated.
 7 MR. HANLY: Well, that's fine.
 8 We can mark -- we can actually mark
 9 the one that the witness has.
 10 MS. MONAGHAN: And she said
 11 she's never seen it before, so
 12 obviously she's not authenticating it.
 13 THE WITNESS: Well, it's
 14 interesting.
 15 QUESTIONS BY MR. HANLY:
 16 Q. So do you see on one side
 17 there's a dosing conversion guide?
 18 A. Yes, it looks like the 2 to 1
 19 that we spoke of.
 20 Q. Right.
 21 And also to the -- to the right
 22 of the middle column there's a column of Oxy
 23 IR?
 24 A. Uh-huh.
 25 Q. That's oxycodone immediate

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1 release?
 2 A. Okay.
 3 Q. Do you agree with that?
 4 MS. MONAGHAN: Objection.
 5 THE WITNESS: Yes, I think it
 6 is.
 7 QUESTIONS BY MR. HANLY:
 8 Q. All right. And what is
 9 reflected then is that there's a conversion
 10 dose. If you're using another so-called
 11 combination opioid and you wished to convert
 12 to OxyContin, it shows you that.
 13 And then the far right column
 14 is the breakthrough dose to be used with
 15 OxyContin Q12; is that correct?
 16 MS. MONAGHAN: Objection.
 17 THE WITNESS: I don't know what
 18 the -- there are no instructions how
 19 to read this, so I don't know if
 20 that's the way it's intended or not.
 21 But...
 22 QUESTIONS BY MR. HANLY:
 23 Q. But you've never --
 24 A. You know, and the -- the...
 25 Q. If you can't read the chart or